POVERTY AND THE PREVALENCE OF MENTAL HEALTH ILLNESS AMONG MUSLIMS IN NIGERIA

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ABSTRACT:

This study is aimed at critically reviewing the issue of poverty, its relative economic factors (including low income and education), and impacts to common mental health illnesses and financial difficulties faced by Muslims in Nigeria. The paper also analyses the relationship between these two aspects - poverty and the prevalence of mental illness. The study used content analysis of secondary data obtained from journals, newspapers, magazines, annual report from the state and the Federal Government of Nigeria, as well as, from international and non-governmental organizations. Through the analysis of a number of studies focusing on explaining the factors, status, and condition of Muslims suffering from common mental illness, most common causes are found to be poverty and social economic problems, which contribute to various emotional and behavioral abnormalities. The paper revealed that, the pervasiveness of poverty is increasing among the Muslims in Nigeria and the cost of living is increasing continuously; mental health illnesses are increasing as cost of living is going higher. Corruption is perceived as one of the cause of poverty and increasing living costs in Nigeria. The study concludes that, as a means of contributing to the realization of the social objectives as well as alleviating poverty in the society, a number of institutional arrangements unique to the Islamic system are required to be put in place and sustained. This would include establishing the institution of zakat, Sadaqah, and Mirath (inheritance), among many others. Out of these, the scope of this paper has been confined to zakat only as it is one

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of the most important measures to overcome poverty.

KEYWORDS: Poverty, Mental Health, Illness, Muslims, Nigeria, Full-Blown, Psychiatrist

Poverty has many causes, all of which reinforce one another. In Nigeria one source of poverty is the lack of basic social services such as clean water, education and health care. Supportive networks are often missing. In addition to that, the low socio-economic conditions and factors affecting the Muslims in Nigera, low income[1] levels are further aggravating the problem.

There is no dispute about the fact that poverty leads to mental health illness which, as a consequence, becomes a cause poverty in a cyclic manner. People who have mental illness might have trouble handling such things as; daily activities, family responsibilities, social relationships, work and school responsibilities. One could have problems with one or more of these aspects to a greater or lesser degree when experiencing a mental illness. It's important to remember that mental illness is a 'Medical' condition. There has been an upsurge in the number of Nigerian Muslims suffering from mental illness considering the decreasing rate of standard of living as cost of living increases.

Nigerian Muslims leaders, on contrary, accumulate wealth that is more than sufficient for them in the course of their lifetime and that of their future generation. This is a reflection of poor judgment, symptomatic of another type of mental illness, which is a manifestation of grandiose delusion2. This dichotomy in the distribution of wealth is also a significant contributor to mental illnesses for many of the people.

Without any primary check, and necessary rehabilitation, the consequences of mental illness for the individual and society are staggering. These include social stigma, unemployment, homelessness,

inappropriate incarceration, neglect and suicide. The economic, psychological and social cost of untreated mental illness cannot be quantified due to dearth of records and under reporting of people living with mental illness among the Muslims in Nigeria[3].

In making choices for health funding in low income countries, policy makers and donor agencies are guided by epidemiological evidence that indicates the burden of diseases on the poor. There is a large burden of evidence from industrialized countries demonstrating an association between poverty and risk for common mental illness.

Common mental disorders are depressive and anxiety disorders are classified in ICD-10 as; "neurotic, stress related, psychosomatic disorders' and 'mood disorders". The negative public health impact of mental and behavioral disorders is shown by the fact that they are among the most significant causes of morbidity in primary care arrangements and produce considerable damage to self and society. From an epidemiological prospective, poverty means low socio-economic status (measured only by the level of education and income), characterized by unemployment and low levels of education. It is against this background that this review is conducted4. The indices for positioning mental health include inner satisfaction, hopeful aspect, and financial solvency in order to maintain a decent life, support system which includes relations with family and friends, sexual satisfaction, capacity to manage tension and social pressures and offspring to continue the work into the future5. Those who belong to the lower socio-economic class are under great pressure to attempt to succeed through illegitimate means that is through deviance. Such deviance may include crime, drug addiction resulting to mental illness or suicide by those who cannot cope with the pressure[6].

In Nigeria, there have been calls in the media for political leaders

to be subjected to psychiatric testing before they are put in position of authority7. This is because, the mental health statuses of these public office holders, who are adduced to be ineptly corrupt (a source of mass poverty in Nigeria), are deemed to be poor. This has placed the majority of Nigerians under chronic stress, which has negatively affected their mental health status. The association between poverty and mental health can be situated within the cultural and behavioral models of the unequal distribution of economic facilities and income. According to the culture of poverty, human existence in any given environment involves a process of biological and social adaptation, which gives rise to the elaborate structure of norms and behaviors8. In that sense, poverty brings along with a lack of opportunities, reduced availability and accessibility to resources and a greater likelihood of experiencing difficult events. Poverty acting through economic stressors, such as unemployment and lack of affordable housing, is more likely to precede mental illness such as depression and anxiety, and thus making it an important risk factor for mental illness.

Mental Health/ Mental Illness:

There is often a lot of confusion about what we mean when we talk about mental health or mental illness. A brief overview is provided below for clarification:

Mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal life stresses, works productively and fruitfully, and is able to make contributions to his or her community[9].

Mental illness, on the other hand, is a recognized, medically diagnosable, illness that results in a significant impairment of an individual's cognitive, affective or relational abilities. Mental disorders result from biological, developmental and/or psychosocial factors and can be managed using

approaches comparable to those applied to physical disease (i.e., prevention, diagnosis, treatment and rehabilitation)[10].

Although the terms are often used interchangeably, mental health and mental illness are two very distinct concepts; but are also not completely mutually exclusive. A fundamental difference between mental health and mental illness is that everyone has some level of mental health all of the time just like physical health, whereas it is possible to be without mental illness.

Despite the fact that poor mental health is not defined as an illness, having poor mental health is associated with emotional distress and psychosocial impairment comparable to that of a major depressive episode11. The effects of poor mental health are both severe and prevalent, with poor mental health being more common than depression.

The three most significant determinants of mental health are:

i social inclusion;

ii freedom from discrimination and violence;

iii access to economic resources[12].

These factors are inextricably intertwined with employment. As workplaces develop mental health promotion programs, these determinants must be addressed in the programming.

Types of mental illnesses:

There are many different types of mental illnesses, just as there are many types of physical illness. Some of the defining characteristics of a mental illness are:

i that it is a recognized, medically diagnosable illness;

ii that it can cause significant cognitive, affective, or relational impairment;

iii that it results from biological, developmental and/or psychosocial

factors;

iv that it can be managed using physical disease approaches (i.e. prevention, diagnosis, treatment and rehabilitation) [13].

Research on mental illness is evolving. As time passes, more mental illnesses are being discovered and diagnosed. Some of the more common and well researched mental illnesses, by category of illness, include:

i Mood disorders (affective disorders): Depression, mania and bipolar

ii Anxiety disorders: Generalized anxiety disorder, post-traumatic stress disorder, obsessive-compulsive disorder, panic disorder

iii Psychotic disorders: schizophrenia

iv Concurrent disorders: addictions and substance abuse

v Personality disorders: antisocial personality disorder, obsessive-compulsive personality disorder[14.]

Poverty:

Poverty is a multi-dimensional phenomenon. The World Development Report 2000/2001[15] summarizes various dimensions of poverty; this includes factors such as lack of opportunities, lack of empowerment and security, among others. The window of opportunities remains closed to the poor masses, and this makes them practically inactive in the society. Their lack of empowerment limits their choices in almost everything and their lack of security makes them vulnerable to diseases, violence and so on. Similarly, a United Nation's statement says:

Poverty is a denial of choices and opportunities, a violation of human dignity. It means lack of basic capacity to participate effectively in society. It means not having enough to feed and clothe a family, not having a school or clinic to go to; not having the land on which to grow one's food or a job to earn one's living, not having access to credit. It means insecurity, powerlessness and exclusion of individuals, households and communities. It means susceptibility to violence, and it often implies

living on marginal or fragile environments, without access to clean water or sanitation[16].

In Nigeria, widespread and severe poverty is a glaring reality. It is a reality that depicts a lack of basic necessities such as food, clothes, and education. Extremely poor people lack the most basic necessities of life to a degree that it could be wondered how they manage to survive17. There are several effects and deficiencies associated with poverty in Nigeria. One of the main effects of poverty is poor health, as is reflected in Nigeria's high infant mortality and low life expectancy. Poor people in Nigeria face several health issues as they lack basic health amenities and competent medical practitioners. Most children do not have the opportunity of being immunized and this leads to certain physical defects in some of the children. Their health has become a low priority for the ruling elite. These poor masses, as they have little or no choices, live with whatever they are provided with, whether healthy or not[18].

The Relationship between Poverty and Mental Illness:

The relationship between health and socioeconomic conditions has been studied widely. It is assumed that there is a link between poverty and mental health illness. This goes with the propositions that people with low incomes are more likely to suffer from poor mental health disorders; people with mental health disorder are more likely to stay poor for a long time.

These two statements appear to be true in a number of cases. People with mental illness tend to come from the lower socio-economic classes. This might be interpreted as suggesting that being of low socio-economic class predisposes one to developing a mental illness. However, if the socio class of the father, rather than the individual is examined, there is much more normal distribution. This suggests that the schizophrenia

does not have a predilection to strike at low socio-economic classes but that those with the disease tend to remain within the range of mental illness. It was concluded that poverty may be a contributory factor[19].

Having mental illness has a number of adverse effects on ability to earn. It is more difficult to study and to achieve desired qualifications. It is more difficult to hold down a responsible job. A person with mental illness may need to take time out occasionally, especially when the illness needs more intense treatments whether this means time in hospital or not. Employers seek reliability and more time at work; they do not treat those employees kindly who frequently take time off because of illness without a regard to whether it is a mental illness or physical. Mental illness carries a heavy social stigma and employers are also worried about what the sufferer may do even when they are at work. This case is not restricted to only the high responsiblity jobs but also the low risk and low responsibility roles. They may suffer disparaging remarks at work. There is a lack of sympathy empathy and understanding[20]. People with mental health problems face a clear discrimination. Surveys have shown a reluctance fromemployers to take on anyone with disability at any level, especially a mental disability.

Just because two things are associated, it does not mean that one exclusively causes the other. It is not fair to assume that because the mentally ill are more likely to face poverty, that poverty causes mental illness. It is necessary to look at the evidence21. Mental illness is multifactorial and the tendency to descend the social scale complicates the proposition of post hoc ergo propter hoc. Poverty and unemployment increases the duration of episodes of common mental disorders but not the likelihood of their own set[22]. Financial strain is a better predictor of future psychiatric morbidity than either of more objective risk factors, though the

nature of this risk factor and its relation with poverty and unemployment remains unclear[23].

Like mortality and physical morbidity, common mental illnesses are associated with poor standard of living, independent of occupational social classes. These findings support the view that recent widening of inequalities in material standard of Muslims living in Nigeria poses a substantial threat to general health[24]. As regions with the highest income inequality and also the being the one that is widely urban, these findings may be also attributable to characteristics of the respective cities[25].

It seems doubtful that people with mental illness are more likely to slide down the social scale solely because of their illness. They are less likely to gain employment of any sort and they are very likely to face discrimination in all fields of the job market. People with poor mental illness are more likely to suffer from poor physical health. They are more likely to smoke and abuse drugs or alcohol. They may also fall foul of the criminal justice system.

The etiology of mental illness is multi-factorial with genetic upbringing and substance abuse being possible compounding factors[26]. A child brought up in financial hardship may also be deprived of affection in many cases. One factor that tends to be a recurrent theme in the causes of mental illness is stress. Living in poverty with poor living conditions or even being homeless and struggling financially, is certainly a very severe stress. It seems likely that living in poverty does predispose people to mental illness[27].

The psychological impact of living in poverty is mediated by shame, stigma and the humiliation of poverty. Interviews with relatives of young women in rural Japan[28] who had committed suicide and with survivors of suicide attempt revealed that hopelessness was one of their

main motivators. In their case, it was found to be associated with spouse and family abuse, forced marriages, limited education and lack of future prospects. In many cases, the stigma attached with failing to produce a mail heir, and the migration of husband to urban areas for employment is a significant stress factor for women. Illiteracy or poor education is a consistent risk factor for common mental disorders.

Some studies[29] have also demonstrated a dose-response relationship between educational level and the risk of such mental disorders. Reverse causality is unlikely to be a factor, since primary education occurs in early childhood when mental disorders are uncommon. The relationship between low educational level and mental disorders may be confounded or explained by a number of pathways. These include malnutrition, which impairs intellectual development.

Apart from the possible biological role factors, which may explain why there is a consistent gender difference in risks for common mental health disorders in all societies, it is plausible that among the considerable gender related factors in the Nigerian society, an important factor is the significant amount of stress faced by women. In developing societies, women bear the brunt of a number of adversities associated with poverty which includes little or no access to school, physical abuse from husbands, forced marriages, sexual trafficking, fewer job opportunities and, in some societies, limitation of their participation in the legitimate activities outside the home.

Poverty is commonly associated with malnutrition, lack of access to clean water, living in polluted environments, inadequate housing, frequent accident and order risk factors associated with poor physical health. There is evidence demonstrating the co-morbidity between physical illness and common mental disorders, and this association may

partly account for the relationship between poverty and mental illness. Mental and physical health problems lead to increase health care costs and worsening poverty. Many studies30 show a connection between the risk of mental illness and disorders with low levels of education and certain other factors22. They also show a relationship with order indicators of poverty such as poor housing and low income. These findings suggest that the association between poverty and common mental disorders is a universal one, occurring in all societies irrespective of their levels of development31.

Whereas it is possible to speculate that the relationships can be best interpreted in the context of poverty being a risk factor for a mental disorders, reverse causality can be a consideration because common mental health disorder, are known to produce disability and increase health care costs. Further, depressed individuals may exaggerate the adversity of current circumstances32. Some studies[33] took precautions against this by enquiring about the household income from informants who were not depressed. However, it is more likely that poverty and common mental health disorders are associated with each other in the case of vulnerable individuals, trapped in a vicious cycle of poverty and mental illness.

A similar relationship has been shown to exist between poverty and infectious diseases such as tuberculosis and leprosy. Rather than actual income, factors such as insecurity, homelessness, joblessness, communal neglect, hopelessness as a result of less education may facilitate the risk of suffering from mental health disorders.

Poverty among Muslims in Nigeria:

The number of Nigerians living in poverty is increasing becoming significant, revealing a perplexing contrast between the nation's economic statistics on rapid economic growth and minimal welfare improvements

for much of the population. According to the World Bank, "Poverty rates remain high in Nigeria, particularly in rural areas. These rates declined between 2003-2004 and 2009-2010[34], although not nearly as fast as would be expected from the pace of economic growth in the country." The World Bank in its Nigeria Economic Report on May, 2013 [35] stated that the officially reported growth rates of GDP were exceeded by the population growth in the country whereas the pace of poverty reduction did not. This implies that the number of poor Nigerians living below the poverty line has grown measurably. The World Bank said that the first Nigeria Economic Report is designed to give some attention to longer term trends in the country, including the puzzle of why a decade of rapid GDP growth by official statistics, concentrated in the pro-poor areas of agriculture and trade, did not bring stronger welfare and employment benefits to the population[36].

Aside from the increase in poverty, the organisation said that the progress towards a number of the other Millennium Development Goals in Nigeria has also been disappointing. It stated that Nigeria was ranked 153 out of 186 countries in the 2013 United Nations Human Development Index, as unemployment rates have been steadily increasing and younger Nigerians are encountering increasing difficulty in finding gainful employment[37]. The organisation also said that the available data on unemployment suggest a similar story indicating that the job creation in Nigeria has been inadequate to keep pace with the expanding working age population. The official unemployment rate has increased steadily from 12% of the working age population in 2006 to 24% in 2011[38]. Preliminary indications are that this upward trend continued in 2012[39]. Another issue that the report highlighted was that the official definition of employment in Nigeria (less than 40 hours worked in the past week) is unusual, and is

therefore not comparable to what operates in most other countries[40]. The negative dynamic is very consistent. However, with perceptions of the population facing increasing difficulties in finding gainful employment, the problem in Nigeria might best be interpreted as underemployment in contrast to unemployment proper.

Also, reports over the recent years have continued to highlight the concern that the Nigerian economic statistics reveal a puzzling contrast between rapid economic growth and minimal welfare improvements for much of the population[41]. Nigeria's annual growth rates average of over 7 per cent in official data during the last decade places the nation among the fastest growing economies in the world. This growth has been concentrated particularly in trade and agriculture, which would suggest substantial welfare benefits for many Nigerians. Nevertheless, improvements in social welfare indicators have been much slower than would be expected in the context of this growth. Poverty reduction and job creation have not kept pace with population growth, implying social distress for an increasing number of Nigerians. Progress toward the fulfillment of many of the Millennium Development Goals has been slow, and the country was ranked 153 out of 186 countries in the 2013 United Nations Human Development Index according to the World Bank[42].

The Organisation said further that the data collection and investigations will be necessary to clarify this picture of what factors are responsible or explain the disparities between economic growth and the welfare indicators of the nation. Given the seeming inconsistencies between the national accounts data summarized above and the statistics based on other surveys, it is imperative to conduct further investigations and statistical tests to uncover the true growth and development story in Nigeria[43]. Against this backdrop, the World Bank pained that it is

imperative that Nigeria finds a recipe to unlock rapid growth and job creation in a larger part of the country, as well as to increase standards of education, health, and other social services to enable its citizens to find gainful employment in the emerging growth poles. In summary, statistics on poverty and unemployment in Nigeria, together with other direct indicators of welfare suggest a story that is rather different from the national accounts data. GDP growth has not been sufficient to support levels of poverty reduction and job creation necessary to prevent a growing number of poor and unemployed (underemployed) Nigerians[44]. In the future years, it can be expected that if key reforms are implemented, investments (power, roads, business climate, education, health, agriculture) could generate the non-oil growth, increasing productivity and jobs needed to ensure the country's prosperous future[45].

It is noteworthy to mention here that, Muslims are the majority in Nigeria. Also, the Kano State Governor, Ibrahim Shekarau, took a cursory look at the socio-economic plight of Muslims in Nigeria and concluded that their parlous state has caused widespread illiteracy and poverty among them[46]. Delivering a keynote address at the First Nigerian Islamic Summit organised by a Zaria-based Muslim Research and Planning group in Kano, Shekarau lamented that the condition of the Nigerian Muslims was a sharp contrast to the golden age of Islam, which emphasised spiritual advancement and knowledge acquisition.

He said further that: "the story of the Muslims of Nigeria has become synonymous with poverty, illiteracy, squalor and wasted opportunities. While some of Muslims lives amidst plenty, the majority of Muslims live in abject poverty. [47]

However, poverty can be studied from two approaches; absolute poverty and relative poverty. Absolute poverty refers to a certain minimal

living standard which is specified in terms of nutritional level, clothing, and the income required to support an individual[48]. Relative poverty is interpreted in relation to the prevailing living standard of society, recognizing explicitly the interdependence between the poverty line and the entire income distribution[49]. Based on the poverty theory, Nigerian Muslims are facing both absolute and relative poverty due to the rate of poverty whereby many of them cannot afford to feed themselves and their families adequately because of their low incomes and the size of the family.

In Nigeria, many Muslim adults and children find themselves in a catastrophic situation due to low incomes. The rate of poverty among Nigerian Muslims is alarming in a situation where many adults and children are unable to eat properly. Due to that, children flock to the labor market to survive and to help their family.

Over the past three decades, poverty has increased disproportionately in the Geo-political zones in Northern Nigeria where we have the Muslim majority[50].

Geopolitical zone Percentage

Year	1980	1985/6	1992	1997	2004	2010
North East	35.6	53.2	54.0	68.0	72.2	76.3
North West	37.7	48.4	36.5	62.0	71.2	77.7
North Central	32.2	48.4	46.0	53.0	67.0	67.5
South East	12.9	30.9	41.0	79.5	26.7	67.0
South West	13.4	42.0	43.1	74.1	43.0	59.1
South-South	13.2	38.0	40.8	78.6	35.1	63.7
Nation wide	28.1	43.0	42.7	69.2	54.4	69.0

From the table above, it can be seen that between 1980 and 1985/6, the incidence of poverty was lowest in the South East followed by the South-South. But in 1997, the situation was completely reversed with the

incidence of poverty becoming highest in the South East followed by the South-South. Again by 2010, the situation has completely changed with incidence of poverty highest in the three geo-political zones in the North and lowest in South West.

Islam and Poverty Eradication:

Ever before the creation of mankind, Allah SWT had created many other movable and immovable materials. The wisdom behind this is that the materials to fulfill human needs and basic requirements during the stay on earth were already put in place long before his creation. The lodging of Adam A.S. and his wife in the Garden indicates that Allah did not want them to live in penury and poverty. The Qur'an confirms this when it says: There is therein (enough provision) for you not to go hungry nor to go naked, nor to suffer from thirst nor from the sun's heat (Qur'an 20: 118-119). As it is Satan that threatens with poverty, Allah warned Adam and his wife not to succumb to its temptation. However, because of Satan's trick, they slipped on this. Eventually they were pardoned. But this time, their offsprings were required to working to earn their living for meeting their needs and getting admitted to the Garden once again. Thus, Islam encourages lawful earning and abhors laziness and indolence. It allows mankind to move from place to place in search of viable and reasonable livelihood and that there is no room for unwise decision to deliberately live in poverty or under persecution and oppression. The Qur'an says: When angels take the souls of those who die in sin they say: "In what (plight) were you?" They reply: "Weak and oppressed were we in the earth." They say: "Was not the earth of Allah spacious enough for you to move yourselves away (from evil)? (Qur'an 4:97).

Islam affirms that Allah owns everything in the world and that the owner of any property is only a trustee who holds the property on behalf of

the community.

Islam enjoins man to struggle to earn his living through lawful means while it renounces earning through sinful means like looting, plundering, extorting, gambling and robbery. It equally condemns begging as a means of sustenance.

In his *Ihya' cUlum ad-din,* Al-Ghazali[51] identifies two types of poverty, namely, real poverty and poverty due to greed. Real poverty implies having a lack of basic necessities of life, while poverty due to greed comes as a result of man's insatiable wants of material wealth[52]. The causes of poverty have also been delved into by scholars. This explains the difference in their perception of the term *faqir* and *miskin*. The *faqir* (the poor) is used for those who, on account of some defects, are unable to earn their living, while the *miskin* (the needy) are those who, though fit to earn their living, are unable to do so on account of other factors[53]. This seems to be the case with the unemployed Muslim graduates in Nigeria who have the abilities and qualifications to earn but do not have right opportunities and accordingly poverty-stricken. It is a fact that Allah SWT gives enough guideline for eradicating the poverty and, so, any existing poverty can be considered an impact of man-made decisions and deviation from the laws of Allah swt. Islam recognizes the fact that some people is the society may be financially weak. In order to fulfill their needs, Islam proposes a just financial system in which they are given various opportunities to earn a respectable living. It instructs the rich and the economically stable to set aside a fractional part of their wealth to assist the poor members of the family and community. As a means of contributing to the realization of the social objectives as well as alleviating poverty in the society, a number of institutional arrangements unique to the Islamic system can be put in place in Nigeria. Such includes the institution of *zakat, sadaqah,* and *mirath*

(inheritance) among others.

Zakat is an Arabic word which means an increase, cleansing, permission, and advancement. This altruistic act necessitates all capable Muslims (those who meet the requirement of Zakat as dependent upon nisab and hawl) donate a prescribed fraction of the possessions to the less fortunate memebers of the society. However, Islam being the most just religion sets certain rules and conditions around this. A person, for being considered as the one required to do mandatory donations, has to meet the conditions of Nisab. Nisab is the minimum amount of wealth a Muslim must have—after calculating necessary expenses—to be eligible to pay zakat. Every adult Muslim who meets the requirements of nisab and hawl in a calendar year must pay zakat for that year. There are some conditions that may require others, a wali (guardian) of a minor for instance, to pay zakat too. As always, it is best to look up with your local imam or scholar for clarification.

Conclusion:

This study found an association of poverty and relative economic factors (in terms of low income and low education) to common mental health illness among the Muslims in Nigeria. The analysis showed that a person's social, psychological and mental well being is an important enabler for them to be able to relate normally with others in society. A deviation from happiness and satisfaction with self and others leads to mental illness.

Literature review, on the basis of content analysis, shows that poverty, like mental illness, is on the increase among the Muslims in Nigeria. This is despite the federal and state governments' poverty alleviation policies and programs, such as NEEDS. Factors associated with poverty among Muslims in Nigeria have become so wide spread that they have become a

major concern for social, psychological and physical wellbeing of the Muslims and are considered to be a common source of mental health abnormalities. This is situated in the behavioral models as ‘culture of poverty’. Absolute economic poverty does precipitate mental illness. From the public health perspective, the key to secondary prevention is to strengthen the treatment of common mental health illness in primary health care centers (through proper equipment and health care competency) spread all over Nigeria. This paper has highlighted the potential efficacy and cost effectiveness of psychological and pharmacological interventions for common mental health illness in developing countries that can be adopted by the health policy-makers in Nigeria. Primary health care’s workers need training to recognize, and effectively treat, common mental health illness. Just as clinicians must treat tuberculosis even if they cannot get rid of the overcrowding patients, we must challenge the despair of psychiatrist who argues that if their patients are poor they must be depressed and there is little they can do about it. Psychiatrists should continue to empathize and counsel poor people to make them think and act in positive ways in order to become healthly again, holistically. The paper concluded that, as a means of contributing to the realization of the social objectives as well as alleviating poverty in the society, a number of institutional arrangements unique to the Islamic system can be put in place. This includes the institution of *zakat*, *Sadaqah*, and *Mirath* (inheritance) among others.

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